

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 365
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Michael F. Broderick		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 Transaction ID : PR566158920
Mailing Address 170 Clapboardtree Street		Amount of Each Receipt this Period 350.00
City Westwood	State MA	Zip Code 02090-2906
FEC ID number of contributing federal political committee. C	P/R Deduction (\$350.00 Monthly)	
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

Full Name (Last, First, Middle Initial) B. Mr. Kyle L. Youngblood		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 Transaction ID : PR566228920
Mailing Address 78 Corinth Drive		Amount of Each Receipt this Period 30.00
City Tinley Park	State IL	Zip Code 60477-4819
FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Monthly)	
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mr. Roy B. Salmon		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 Transaction ID : PR566268920
Mailing Address 4255 Alta Vista Avenue		Amount of Each Receipt this Period 41.67
City Santa Rosa	State CA	Zip Code 95404-1906
FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 Monthly)	
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	421.67
TOTAL This Period (last page this line number only).....▶	